

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097913421

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6		5		1		
7		5		1		
8	1		1			
9		1		1		
10	1		1			
11		1		1		
12		1		1		
13		5		1		
14	1		1			
15		1		1		
16		1		1		
17		3		1		
18		3		1		
19	1		1			
20	1		1			
21		1		1		
22		1		1		
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29	1		1			
30	1		1			
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36	1		1			
37	1		1			
38	1		1			
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52	1		1			
53		1		1		
54		1		1		
55		3		1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	18	↓		↓
TOTAL DEP.		↓	72	↓		↓
TOTAL CLAIMS			90			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS